

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011748

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

383

Primary Registration District No.

5647

Registrar's No.

178

STATE FILE NUMBER

FILED MAR 29 1962

1. PLACE OF DEATH

a. COUNTY

Lawrence

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Lawrence

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Freistat

Length of stay in 1b

2 years

c. CITY

OR TOWN

Monett Route 1

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Monett Route 1

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

2 mile East of Freistat

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Walter

Middle

Lindsay

Last

Allen

4. DATE OF DEATH

Month

Day

Year

3

13

1962

5. SEX

M

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-21-1890

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months Days

11 20

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Pioneer, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John R. Allen

13b. MOTHER'S MAIDEN NAME

Mary J. Hutchens

14. NAME OF HUSBAND OR WIFE

Bertha A. Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Bertha A. Allen Monett, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

10 Hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Gen. Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-24-61 to 3-13-62 and last saw him alive on 3-13-62

Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. J. Royce

M.D.

22b. ADDRESS

Sarcoxie, Mo.

22c. DATE SIGNED

3/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-15-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive - Cemetery

23d. LOCATION (City, town, or county)

Pioneer

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wilks Bros. Pierce City, Mo.

25. DATE RECD. BY LOCAL REG.

3-23-62

26. REGISTRAR'S SIGNATURE

Roy Gartham - Reg. Sec.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0552

2 0558

3 1

4 0

5 1

6

7 0

8 2

9 332X

10

11

12 90-6

13 5-0

MAR 30 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Pease City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.